

MANDATORY
COUNTY OF WEAKLEY
DEPARTMENT OF FINANCE
AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

NAME: _____

SOCIAL SECURITY NUMBER: _____

BANK NAME: _____

CITY, STATE: _____

CHECKING ACCOUNT # _____

AND/OR

SAVINGS ACCOUNT # _____

TRANSIT/ABA NUMBER: _____

PLEASE ATTACH A VOIDED CHECK.

I hereby authorize the Weakley County Department of Finance to
automatically deposit my payroll check into the above accounts.

Printed Name: _____

Signature: _____

Date: _____

**If you should have any changes, be sure to send the Department of
Finance written notification in a timely manner.

Are you currently drawing a Tennessee Consolidated Retirement check? Yes or No